



A.B.N. 43 009 438 073

AU07899

# OCCUPATIONAL HEALTH & SAFETY PROGRAMME

## SAFE WORK METHOD STATEMENT

AUSTRALIAN AIRCONDITIONING

SERVICES PTY. LTD.

42 INDUSTRY STREET  
MALAGA WA 6090  
TELEPHONE: (08) 9209 2520  
FACSIMILE: (08) 9209 2530  
Email: aas@aust-aircon.com.au

<b>CONTRACTOR:</b>			<b>NAME:</b> _____
<b>PROJECT:</b>			<b>SIGNED OFF:</b> _____
<b>JOB: REMOVE/REPLACE ROOM AIR CONDITIONER (2 PERSON OPERATION)</b>			<b>DATE:</b> _____ <b>JOB NO.</b> _____
<b>PROCEDURE (IN STEPS):</b>			<b>ACCEPTED: YES / NO</b>
<b>POSSIBLE HAZARDS</b>			<b>AREA:</b>
<b>Break the job down into steps. Each step should accomplish some major task and be in a logical sequence.</b>	<b>Identify the hazards associated with each step. Examine each to find possibilities that could lead to an accident.</b>	<b>RISK SCORE</b>	<b>SAFETY CONTROLS</b>
		<b>Risk Potential</b> *Class 1, 2 or 3	<b>Specify what action or procedure will be taken to eliminate or minimise the risk of injury or damage. Include what measures will be taken to ensure that the safety control is maintained.</b>
1. Issue Personal Protective Equipment (P.P.E.)	Head, Hand, Foot and Body Injury	2	Refer to Safe Work Instruction SW 001 P.P.E.
2. Establishment of Site	Manual Handling, Possible Back Strain, Impact Injury	2	Refer to Safe Work Instruction: SW 002 Manual Handling
3. Electrically Disconnect Unit	Nil		Safety Tag Off
4. Remove Unit from Housing	Muscle Strain	2	Employ Lifting Device
5. Remove Old Housing	Minor Cuts	3	Wear PPE
6. Install New Housing	Minor Cuts	3	Wear PPE
7. Install New Unit	Muscle Strain	2	Employ Lifting Device
8. Commission New Unit	Nil		

\* Class 1: Death or Permanent Disability Class 2: Serious Injury/Lost Time Class 3: Minor Injury resulting in no lost time

Form	WMS 19.1	1/2
Rev	A	18-May-11



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Personal Qualifications & Experience:	Personal Duties & Responsibilities:	Training Required to complete work:
<b>Engineering Details/Certificates/Workplace Services Approvals:</b>	<b>Codes of Practice, Legislation:</b>	
<b>Plant/Equipment:</b>	<b>Maintenance Checks:</b>	
<b>Read &amp; Signed by All Employees on Site:</b>		

Form	WMS 19.2	2/2
Rev	A	18-May-11



